

**APPLICATION DATA SHEET**

Electronic Version v14  
Stylesheet Version v14.0

|                                 |                    |       |
|---------------------------------|--------------------|-------|
| Title of Invention              | STENT CRIMPER      |       |
| Application Type:               | regular, utility   |       |
| Attorney Docket Number:         | S63.2-11395-US01   |       |
| Correspondence address:         |                    |       |
| Customer Number:                | 490                | *490* |
| Inventor Information:           |                    |       |
| <u>Inventor 1:</u>              |                    |       |
| Applicant Authority Type:       | Inventor           |       |
| Citizenship:                    | US                 |       |
| Given Name:                     | Mark               |       |
| Family Name:                    | Edin               |       |
| City of Residence:              | Minneapolis        |       |
| State of Residence:             | MN                 |       |
| Country of Residence:           | US                 |       |
| Address-1 of Mailing Address:   | 5100 6th Street NE |       |
| Address-2 of Mailing Address:   | #21                |       |
| City of Mailing Address:        | Minneapolis        |       |
| State of Mailing Address:       | MN                 |       |
| Postal Code of Mailing Address: | 55421              |       |
| Country of Mailing Address:     | US                 |       |
| Phone:                          |                    |       |
| Fax:                            |                    |       |
| E-mail:                         |                    |       |

**Attorney Information:**

| Name                       | Registration Number |
|----------------------------|---------------------|
| Ms. Lisa L. Ryan-Lindquist | 43071               |

**Assignee 1:**

**Organization Name:** Scimed Life Systems, Inc.

**Address-1 of Mailing Address:** One Scimed Place

**Address-2 of Mailing Address:**

**City of Mailing Address:** Maple Grove

**State of Mailing Address:** MN

**Postal Code of Mailing Address:** 55311

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**